

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF NORTH DAKOTA

In re:	)	Case No. 23-30352
	)	(Chapter 11)
DRAIN SERVICES INC.	)	
	)	
Debtor.	)	
	)	

**DEBTOR'S RESPONSES TO DISCOVERY**  
**REQUESTS OF CHOICE FINANCIAL GROUP**

Comes now Drain Services Inc. ("Drain Services" or the "Debtor"), by and through undersigned counsel, pursuant to Federal Rule of Bankruptcy Procedure 7033, Federal Rule of Bankruptcy Procedure 7034, Federal Rule of Civil Procedure 33, and Federal Rule of Civil Procedure 34, and in response to the interrogatories (the "Interrogatories," with each such item being an "Interrogatory") and document requests (the "Document Requests," with each such item being a "Document Request") of Choice Financial Group states as follows:

Interrogatory 1. Identify, by giving the name, title, address and telephone number(s) of each person who is completing this, or assisting in completing, the answers to these interrogatories.

Answer: These Interrogatories are being answered by Kevin Cameron, the Vice President of Drain Services, with the assistance of counsel. Mr. Cameron's address is 1131 Legion Lane W, West Fargo, ND 58078. Mr. Cameron's phone number is (701) 936-3365. Undersigned counsel's contact information is set forth in the signature block. (Drain Services does not object to identifying counsel as assisting in the preparation of these answers but would object to any inquiry into the nature or extent of such assistance; the answer of this Interrogatory should not be construed as a topical waiver of the attorney/client privilege or the attorney work product doctrine.)

Interrogatory 2. Identify and explain all pending insurance claims including information about the nature and basis for the claim, the insurance provider, the name and contact information for any adjuster, the name and contact information for any claims agent, and the date of an anticipate settlement of the claim.

Answer: An insurance claim was made for the theft of a 2016 Ford Transit Van, as disclosed in Drain Services' bankruptcy schedules. The insurer is American Family Insurance. The adjuster is Jeff Busselman, whose phone number is (608) 722-2220, whose e-mail is Jeff.Busselman@afics.com, whose fax number is (866) 935-2858, and whose mailing address is 6000 American Parkway, Madison, Wisconsin 53783. The claim has been assigned number 01-002-358055. The policy number is 33X1899110. The insured is Drain Services Inc. The date of loss is April 29, 2020. A date of settlement is not known, but the most recent communication from the adjuster came on July 24, 2023, asking for a call to discuss the claim. Drain Services reasonably believes the claim will be paid in the coming weeks or months.

Interrogatory 3. Identify and explain the business expenses pertaining to the project evaluations in Mankato and Woodbury, Minnesota, including who travelled on the trip, the times of any meetings with customers and who attended those meetings, and an itemized description for all of the charges incurred for the trip, including an itemization of all charges incurred at Great Wolf Lodge broken down my accommodations, meals, and entertainment.

Answer: There were two meetings in Minnesota for which I stayed at the Great Wolf Lodge with my family. One was a project in Mankato, which Drain Services secured through my meetings. I was the only Drain Services representative at the meeting. The work is expected to ultimately pay approximately \$40,000.00, of which \$10,000.00 has been collected already. It was believed the work would be less valuable (hence the \$10,000.00 upfront payment),

but there have already been two change orders, raising the price. The other project is a bakery in Woodbury owned by a family friend. The bakery is having issues with an aging sewer line. That work has not yet been officially secured, but I am confident it will be. My wife and two children joined me on the trip. I do not have an itemization of all expenses, or a receipt, but my recollection is that only the accommodation – and a few minor ancillary expenses – were charged to Drain Services, with other items being paid for by my wife and myself personally. I thought the cost of accommodation to be reasonable and thought it sensible to bring my family with me, since it would not increase the cost of accommodation while allowing us to enjoy some time together on an occasion when I would otherwise be away working.

Interrogatory 4. Identify for each job identified in any cash collateral budget filed in this action by the Debtor whether such income is from a job that was an existing account receivable on the Petition date ("AR") or work in progress ("WIP") on the Petition date, the date the work was completed for AR, the date the work was started or will be started for WIP, the date work was completed or is anticipated to be completed, date payment is expected, date and amount of any payments that have been received, and the name, address, and telephone number of the principal persons of contact for the contracted parties.

Answer: Drain Services does not have records for much of what is requested here and I do not have a precise recollection. However, we are producing project proposals (subject to Choice agreeing to not contact our customers) that set forth much of this information. As observed previously by Drain Services' counsel, the company does not distinguish between WIP and AR internally.

Interrogatory 5. Identify each charge on the Self Lender Account that has been made since the Petition Date, including the person making the charge, the item/service purchased, and the business purpose of the charge.

Answer: I do not have information sufficient to answer this Interrogatory. The account is frozen, on account of my personally being in bankruptcy, and I do not have any records from the account.

Document Request 1. Identify and attach to your responses to these requests for the production of documents a copy of all documents, electronically stored information and tangible things referenced in your answers to interrogatories

Response: Attached hereto, please find (i) the most recent correspondence concerning the insurance claim discussed above and (ii) proposals (subject to Choice's agreement to not contact the Debtor's clients).

Document Request 2. Identify and attach to your responses to these requests for the production of documents copies of all insurance documents relating to the pending insurance claim listed in your Schedules, and written communications related thereto, including copies of policies, claims, claim benefit explanations, letters, emails, declaration sheets, verification that Choice is listed as loss payee, copies of any equipment schedules, and checks.

Response: The Debtor does not keep fastidious records of insurance communications and, as such, much of this is outside the Debtor's possession, custody and control. However, the aforementioned correspondence is attached hereto.

Document Request 3. Identify and attach to your responses to these requests for the production of documents copies of all insurance documents related to policies currently in effect



or that you have used cash collateral to pay the premiums, including copies of policies, declaration sheets, verification that Choice is listed as loss payee, and copies of any equipment schedules.

Response: The Debtor's various insurance records are attached.

Document Request 4. Identify and attach for each job identified in any cash collateral budget filed in this action by the Debtor whether such income is from a job that was an existing account receivable on the Petition date ("AR") or work in progress ("WIP") on the Petition date any and all documents related to the job, including written contracts, bids, invoices, accounting entries, or like documents, and written correspondence concerning the job, including emails or text messages.

Objection: The Debtor objects to this Document Request to the extent it seeks information protected by the attorney/client privilege and/or the attorney work product doctrine. Specifically, "any and all documents related" to jobs would, taken literally, include correspondence with counsel about the jobs. Such correspondence is privileged and outside the purview of discovery.

Response: Subject to, and without waiving, the foregoing objection, the Debtor is producing job proposals (subject to Choice's agreement to not contact customers of the Debtor) which are the sole pertinent records in the Debtor's possession, custody and control aside from bank records that have already been produced either informally or through monthly operating reports.

Document Request 5. Identify and attach to your responses to these requests for the production of documents a fully itemized receipt from Great Wolf Lodge for charges indicated in the Debtor's bank ledger in November 2023.

Response: The Debtor does not have the subject receipt but is trying to locate a copy. If and when a copy is located, the same will be produced.


Document Request 6. Identify and attach to your responses to these requests for the production of documents all statements, account histories for the Self Lender account, and receipts for any Self Lender charge since the Petition Date.

Response: The Debtor does not have any responsive records, with access to the account having been frozen.

I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct.

12/5/2023

Executed On

DocuSigned by:  
  
2089371EE07E4E9...  
Kevin Cameron

Respectfully submitted,

Dated: December 5, 2023

By: /s/ Maurice B. VerStandig  
Maurice B. VerStandig, Esq.  
The Dakota Bankruptcy Firm  
1630 1st Avenue N  
Suite B PMB 24  
Fargo, North Dakota 58102-4246  
Phone: (701) 394-3215  
mac@dakotabankruptcy.com  
*Counsel for the Debtor*  
*Signed as to Objection Only*

## Mac VerStandig

---

**From:** Wolden, Randy L <RWOLDEN@amfam.com>  
**Sent:** Monday, May 4, 2020 9:26 AM  
**To:** Kevin <Kevin@drainservicesinc.com>  
**Subject:** 01-002-358055-1, 16 Ford Transit Cargo Van

Hi Kevin,  
Here is the Photo Submission form showing what photos we need, please also take photos of the interior & all the interior damages.  
Thanks,

Randy Wolden  
701-371-1238

American Family Mutual Insurance Company, S.I. | American Family Insurance Company | American Family Life Insurance Company | American Standard Insurance Company of Ohio | American Standard Insurance Company of Wisconsin | Midvale Indemnity Company | Home Office - 6000 American Parkway | Madison, WI 53783  
Permanent General Assurance Corporation | Permanent General Assurance Corporation of Ohio | The General Automobile Insurance Company, Inc. DBA The General® | Home Office - 2636 Elm Hill Pike | Nashville, TN 37214 wholly owned subsidiaries of American Family Mutual Insurance Company, S.I.

\*If you are not the intended recipient, please contact the sender and delete this e-mail, any attachments and all copies.



## Customer Photo Submission Form

Thank you for assisting American Family Insurance process your Auto claim! In order to expedite your claim, please provide the claim information listed below along with photos of your vehicle and email them to: [rwolden@amfam.com](mailto:rwolden@amfam.com)

### Claim Information: Please Include in Email

*Claim #01002358055-1*

*Vehicle Owner Name: Drain Services Inc*

*Year, Make, Model of Vehicle: 16 Ford Transit Cargo Van*

### Photo Requirements: **\*\*\*Photos must be medium to small resolution\*\*\***

*All Four Corners (Both Sides Visible in Photo): 4 photos*

*Mileage: 1 photo*

*Clear VIN Number (Driver Door Opening or Dash Plate): 1 photo*

*Overview of Damage area: 2-4 photos of Damage*

### Example photos:

#### Four Corners



#### VIN and Current Mileage

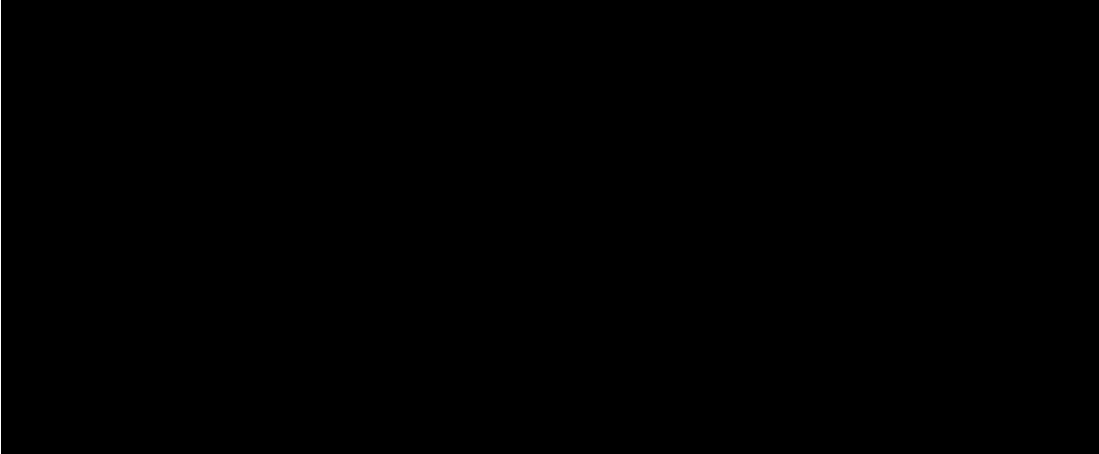


#### Overview of Point of Impact (Damages)



## Mac VerStandig

---



---

**From:** Larson, Marissa L <MLARSON2@amfam.com>  
**Sent:** Wednesday, April 14, 2021 8:46 AM  
**To:** Kevin <Kevin@drainservicesinc.com>  
**Cc:** Bittner, Tanner <TBITTNER@amfam.com>  
**Subject:** AmFam Claim #01-002-358055

Kevin,

Tanner requested that I send out the theft packet again in regards to the theft that happened on 4/29/2020. This will need to be filled out entirely and returned back to us. I know that previously we had also requested an estimate/photos for the damaged equipment in the van – we would still need that as well to accurately figure out repairs for you.

Best regards,

**Marissa Larson**

EC Specialty Claims Adjuster II

Extension 62155

AFICS on behalf of American Family

ATTN: Scanning Center

6000 American Parkway, Madison WI 53783

Phone Number: 608-722-2947

Fax Number: 866-585-2786

[mlarson2@amfam.com](mailto:mlarson2@amfam.com)

---

American Family Mutual Insurance Company, S.I. | American Family Insurance Company | American Family Life Insurance Company | American Standard Insurance Company of Ohio | American Standard Insurance Company of Wisconsin | Midvale Indemnity Company | Home Office - 6000 American Parkway Madison, WI 53783

Permanent General Assurance Corporation | Permanent General Assurance Corporation of Ohio | The General Automobile Insurance Company, Inc. DBA The General® Home Office - 2636 Elm Hill Pike Nashville, TN 37214 wholly owned subsidiaries of American Family Mutual Insurance Company, S.I.

\*If you are not the intended recipient, please contact the sender and delete this e-mail, any attachments and all copies..



AmFam.com

1-800-MY AMFAM® (692-6326)

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.  
6000 AMERICAN PARKWAY  
MADISON WI 53783

May 1, 2020



0000010122NOTPRINTED0 CLMSCN 0G0  
DRAIN SERVICES INC  
1560 11TH AVE E  
WEST FARGO ND 58078-5202

*REGARDING CLAIM FOR DRAIN SERVICES INC FROM LOSS DATE APRIL 29, 2020*

## Important request regarding your claim

Please complete, sign, and return the enclosed document

Claim number	Date of loss	Policy number	Policyholder
01-002-358055	4/29/2020	33X1899110	Drain Services Inc

We are committed to providing you exceptional claims service.

In order for us to process your claim we are asking you to complete the enclosed document(s). Please sign each document, and return it in the envelope provided within 7 days of receipt of this letter.

- **Statement of Vehicle Theft:** Please make sure to answer all questions on both sides of this form.
- **Non-Permissive Use Affidavit - Total Theft Auto:** Please sign this Affidavit in the presence of a notary public.
- **Photograph of Vehicle:** Please send a recent photograph, if available, of the vehicle and indicate the date the photograph was taken.
- **Insured Information Form:** Please complete relative information to the loss that occurred as this information is needed to investigate your claim.

It's very important that all named insureds sign the enclosed form(s). If you are married, your spouse must also sign each form.

Please note the following important items anyone presenting a theft claim must know:

- **All thefts must be promptly reported to the police.**
- If your vehicle is recovered, we will need to inspect and appraise any damages the vehicle sustained as a result of the loss before the vehicle is repaired or disposed.

DrainServices0004

As your claim representative, I am here to assist you with any questions you may have. Please use the contact information listed below to reach me. Thank you.

Marissa Larson  
CFR Claim Adjuster  
1-800-MYAMFAM (1-800-692-6326) Ext. 62155  
MLARSON2@amfam.com

# STATEMENT OF VEHICLE THEFT

(All Questions Must Be Answered)

Insured Name				Home Phone ( )			
Address				City		State	
Occupation							
Age	D.O.B.	Marital Status	No. of dependents		Driver's License No.		Zip
Business Phone ( )			Employer Name and Address				
Date of theft	Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		Was the vehicle locked? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were keys left in vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		Check if vehicle has VIN Etching or LoJacks <input type="checkbox"/> VIN Etching <input type="checkbox"/> LoJacks
Amount Claimed \$		Specific location from which vehicle was taken.					
Reason vehicle was left at this location.							
Name and address of person who left vehicle at this location.						Driver's License No.	
Name and address of others who were present.							
Name and address of others who had keys.							
Date theft discovered		Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		By Whom			
Date theft reported to police		Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		By Whom			
Name and address of Police Agency							
Case No.		Police Officer		Badge No.		Has vehicle been recovered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where		When		By Whom			
Was ignition interlock intact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Condition		Odometer reading when discovered		Did police make any arrests or have any suspects? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Year, make of vehicle		Condition	Body Style	Color	No. of cylinders	H.P. or Cubic in.	Odometer reading when stolen
Vehicle Identification Number			License Plate Number		Certificate or title number: if none, why?		
Has vehicle been damaged during past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		Damage Description (location, type, amount, date)					
Were repairs completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Partial		By Whom?			
Name and address of Insurance company who paid damage claim, if any							
Any other claims in the last 3 years on this or any other vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, please explain.			
Are there any other vehicles in your household? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of vehicles		Name of Insurance company and agent on other vehicles			
Your prior Insurance company and agent							
Vehicle Equipment (check if vehicle has any of the following):							
<input type="checkbox"/> AM/FM Tape	<input type="checkbox"/> AC	<input type="checkbox"/> Leather Seats	<input type="checkbox"/> Sunroof	<input type="checkbox"/> 4 Wheel Drive	<input type="checkbox"/> CD Player		
<input type="checkbox"/> Dual AC	<input type="checkbox"/> Moonroof	<input type="checkbox"/> Running Boards	<input type="checkbox"/> CD Changer	<input type="checkbox"/> Cruise Control	<input type="checkbox"/> Power Door Locks		
<input type="checkbox"/> Convertible	<input type="checkbox"/> Truck Topper	<input type="checkbox"/> Rear Wiper	<input type="checkbox"/> Tilt Wheel	<input type="checkbox"/> Power Sliding Door	<input type="checkbox"/> Power Seats		
<input type="checkbox"/> Trailer Hitch	<input type="checkbox"/> ABS Brakes	<input type="checkbox"/> Power Windows	<input type="checkbox"/> Power Lift Gate	<input type="checkbox"/> Alloy Wheels	<input type="checkbox"/> Luggage Rack		
<input type="checkbox"/> Auto Trans	<input type="checkbox"/> Power Mirrors	<input type="checkbox"/> Fog Lamps	<input type="checkbox"/> Privacy Glass	<input type="checkbox"/> Sliding Rear Window	<input type="checkbox"/> Bedliner		
Other equipment or accessories							





Vehicle Condition				Other Distinguishing Features	
Paint	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair		
Transmission	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair		
Engine	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair		
Body	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair		
Name, Address of Service Station/Garage which performs routine maintenance service.				Date last serviced	
Name, Address of Service Station/Garage which performs MV inspection.				Date last inspected	
Have you had mechanical work done or had mechanical problems in the last year?					
Date vehicle purchased	<input type="checkbox"/> New <input type="checkbox"/> Used	Odometer Reading		Purchase Price	
Trade-In Vehicle	Year	Make	Model	Body Type	Allowance \$
Name, Address of Selling Dealer/Individual					
How did you learn the vehicle was for sale?				How was the vehicle paid for? <input type="checkbox"/> Cash <input type="checkbox"/> Check	
If financed, Name, Address of Finance Company.					
Name any other parties having a financial interest in the vehicle or name on title. If none, write none.					
Account Number	Balance Due	Loan Terms	Months at \$	Date last payment made	
Is Account past due? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how long?	Are keys in your possession? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ignition key number	Trunk key number	
Is there any other theft insurance on this vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No			Policy No.	Name of Insurance Company	
Other remarks concerning theft					

## Personal property in vehicle:

Item-Description	Purchase Date	Purchased From	Original Cost	Present Value

**Declaration:** Coverage is not provided for any insured who has intentionally misrepresented any material fact or circumstance relating to this insurance or claim.

All the answers I/we have given are true.	Date
Witness	Insured Signature
Witness	Insured Signature

**Non Permissive Use Affidavit - Total Theft Auto**

1. I am the owner of the 2016 Ford Truck T-350 Transit Cargo Van, with Vehicle Identification Number 1FTRS4XG2GKB13796.
2. That 2016 Ford Truck T-350 Transit Cargo Van was stolen by an unknown party on April 29, 2020 at 7:00 PM.
3. That any operation of my vehicle after the time and date set forth above was without my permission, either express or implied, or that of any member of my household.
4. This vehicle had not been involved in an accident when last in my possession.
5. If involved in an accident, this vehicle was being operated at the time without my permission.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Owner's Address

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Owner's Address

STATE OF \_\_\_\_\_)  
:SS \_\_\_\_\_)  
COUNTY OF \_\_\_\_\_)

On this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, \_\_\_\_\_,  
the undersigned officer, personally appeared \_\_\_\_\_, known to me to be or  
satisfactorily proven to be the person whose name is subscribed to the within instrument and  
acknowledged that he/she executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Notary Public: \_\_\_\_\_ (SEAL)

Printed Name: \_\_\_\_\_

My commission expires: \_\_\_\_\_





**INSURED INFORMATION FORM**

Please complete the information below and sign below. Return a copy of this form in the self-addressed envelope. Please keep a copy for your records. Your prompt response will help us serve you better through this process.

This Request is relative to the loss which occurred on April 29, 2020. It will allow us to obtain the information we need to investigate your claim. It will be used exclusively to investigate aspects of this loss or matters that pertain to it.

Signature	Date	Signature	Date
Name (Printed)		Name (Printed)	
Social Security Number		Social Security Number	
Date of birth		Date of birth	
Driver's License Number		Driver's License Number	
Address		Address (if different)	
Phone Number		Phone Number (if different)	
Cell service provider		Cell service provider	





## Mac VerStandig

---

**From:** Simmons, Chantell L <CSIMMONS@amfam.com>  
**Sent:** Monday, November 4, 2019 2:24 PM  
**To:** Kevin <Kevin@drainservicesinc.com>  
**Subject:** RE: [EXTERNAL] Re: American Family Insurance 01001949783

Ok

Chantell Simmons  
Claim Care Center Representative  
American Family Insurance  
6000 American Parkway, Madison, WI 53783-0001  
[CSIMMONS@AMFAM.COM](mailto:CSIMMONS@AMFAM.COM)  
1-800-MY-AMFAM, (1-800-692-6326) EXT:71917  
FAX:866-912-5328

**Insure carefully, dream fearlessly.**

**Basic claim information, when you want it...** [www.amfam.com/claims](http://www.amfam.com/claims)

Want to know what to expect during the claim process? Click [here](#) for personal auto, and [here](#) for personal property

---

**From:** Kevin <[Kevin@drainservicesinc.com](mailto:Kevin@drainservicesinc.com)>  
**Sent:** Monday, November 4, 2019 2:23 PM  
**To:** Simmons, Chantell L <[CSIMMONS@amfam.com](mailto:CSIMMONS@amfam.com)>  
**Subject:** Re: [EXTERNAL] Re: American Family Insurance 01001949783

Excellent

I will be in touch with them this week.

Kevin Cameron  
VP Drain Services, INC  
701-799-8787

On Mon, Nov 4, 2019 at 2:19 PM -0600, "Simmons, Chantell L" <[CSIMMONS@amfam.com](mailto:CSIMMONS@amfam.com)> wrote:

The repair shop you choose is our preferred shop so they can start repairs after they write up your estimate if they haven't done so.

Chantell Simmons  
Claim Care Center Representative  
American Family Insurance  
6000 American Parkway, Madison, WI 53783-0001  
[CSIMMONS@AMFAM.COM](mailto:CSIMMONS@AMFAM.COM)  
1-800-MY-AMFAM, (1-800-692-6326) EXT:71917  
FAX:866-912-5328

**Insure carefully, dream fearlessly.**

**Basic claim information, when you want it...** [www.amfam.com/claims](http://www.amfam.com/claims)

Want to know what to expect during the claim process? Click [here](#) for personal auto, and [here](#) for personal property

---

From: Kevin <[Kevin@drainservicesinc.com](mailto:Kevin@drainservicesinc.com)>  
Sent: Monday, November 4, 2019 2:17 PM  
To: Simmons, Chantell L <[CSIMMONS@amfam.com](mailto:CSIMMONS@amfam.com)>  
Subject: Re: [EXTERNAL] Re: American Family Insurance 01001949783

Ok

Remind me of what stage we are at? The body shoo needs to look at it? Or are they ready to start fixing it?

Kevin Cameron  
VP Drain Services, INC  
701-799-8787

On Mon, Nov 4, 2019 at 1:53 PM -0600, "Simmons, Chantell L" <[CSIMMONS@amfam.com](mailto:CSIMMONS@amfam.com)> wrote:

**2016 Ford Truck T-350 Transit Cg Vn 4x2**

Chantell Simmons  
Claim Care Center Representative  
American Family Insurance  
6000 American Parkway, Madison, WI 53783-0001  
[CSIMMONS@AMFAM.COM](mailto:CSIMMONS@AMFAM.COM)  
1-800-MY-AMFAM, (1-800-692-6326) EXT:71917  
FAX:866-912-5328

**Insure carefully, dream fearlessly.**

**Basic claim information, when you want it...** [www.amfam.com/claims](http://www.amfam.com/claims)

Want to know what to expect during the claim process? Click [here](#) for personal auto, and [here](#) for personal property

---

From: Kevin <[Kevin@drainservicesinc.com](mailto:Kevin@drainservicesinc.com)>  
Sent: Monday, November 4, 2019 1:52 PM  
To: Simmons, Chantell L <[CSIMMONS@amfam.com](mailto:CSIMMONS@amfam.com)>  
Subject: [EXTERNAL] Re: American Family Insurance 01001949783

Which vehicle is this regarding?

Kevin Cameron  
VP Drain Services, INC  
701-799-8787

On Mon, Nov 4, 2019 at 1:50 PM -0600, "Chantell Simmons" <[csimmons@amfam.com](mailto:csimmons@amfam.com)> wrote:

Claim Number: 01-001-949783  
Date of loss: 09/20/2019  
Policy Holder : Drain Services Inc

Hi Kevin,

I am following up with you to see when you are planning to bring your vehicle in to get your estimate done and schedule repairs. Shop said you can bring it in at any time but they know you need vehicle for work. We can close your claim if you will like until you are ready to proceed with getting repairs done. Let me know what works best for you.

Thank you,

Chantell Simmons | Claims Customer Care Center Representative  
6000 American Pkwy, Madison, WI 53783-0001  
1-800-MY AMFAM (1-800-692-6326) x71917

American Family Mutual Insurance Company, S.I.

American Family Mutual Insurance Company, S.I. | American Family Insurance Company | American Family Life Insurance Company | American Standard Insurance Company of Ohio | American Standard Insurance Company of Wisconsin | Midvale Indemnity Company | Home Office - 6000 American Parkway | Madison, WI 53783  
Permanent General Assurance Corporation | Permanent General Assurance Corporation of Ohio | The General Automobile Insurance Company, Inc. DBA The General® | Home Office - 2636 Elm Hill Pike | Nashville, TN 37214 wholly owned subsidiaries of American Family Mutual Insurance Company, S.I.

\*If you are not the intended recipient, please contact the sender and delete this e-mail, any attachments and all copies.



## Mac VerStandig

---

**From:** Kevin <Kevin@drainservicesinc.com>  
**Sent:** Tuesday, April 26, 2022 8:22 PM  
**To:** ECC\_Claims\_Mail@AFICS.com  
**Subject:** Re: Insurance Claim 01002358055-02

Hi Jeff,

The last communication I remember was an adjuster being set up to look at the van.

I'm sorry if I missed a line somewhere.

Kevin Cameron  
VP Drain Services, INC  
701-799-8787

---

**From:** [ECC\\_Claims\\_Mail@AFICS.com](mailto:ECC_Claims_Mail@AFICS.com) <[ECC\\_Claims\\_Mail@AFICS.com](mailto:ECC_Claims_Mail@AFICS.com)>  
**Sent:** Tuesday, April 26, 2022 8:19:03 PM  
**To:** [kevin@drainservicesinc.com](mailto:kevin@drainservicesinc.com) <[kevin@drainservicesinc.com](mailto:kevin@drainservicesinc.com)>  
**Subject:** Insurance Claim 01002358055-02



### CLAIM INFORMATION

<b>Claim Number:</b>	01-002-358055
<b>Date Of Loss:</b>	04/29/2020
<b>Policy Number:</b>	33X1899110
<b>Policyholder:</b>	Drain Services Inc

April 26, 2022

Dear Kevin,

We are committed to providing you exceptional claim service. This correspondence contains important information regarding your claim. Please review and respond accordingly.

I have been unable to reach you by phone regarding the damage to your 2016 Ford Transit Cargo Van. We will hold this claim open for 10 days from the date of this letter, and will then close it until a time you are ready to move forward with settling your claim.

We care about you as a customer, and are here to assist you. Please feel free to contact us with any questions you may have.

Sincerely,

Jeff Busselman

Claim Senior Adjuster

AFICS on behalf of American Family Mutual Insurance Company, S.I.

[Jeff.Busselman@afics.com](mailto:Jeff.Busselman@afics.com)

1-608-722-2220

**Confidentiality Notice:** This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error, please notify the sender and discard this email from your system. If you are not the intended recipient, you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited.

**Mac VerStandig**

---

**From:** ClaimCorrespondence@afics.com <ClaimCorrespondence@afics.com>  
**Sent:** Monday, July 24, 2023 3:56 PM  
**To:** Kevin <Kevin@drainservicesinc.com>  
**Subject:** Insurance Claim 01002358055-02



**CLAIM INFORMATION**

**Claim Number:** 01-002-358055  
**Date Of Loss:** 04/29/2020  
**Policy Number:** 33X1899110  
**Policyholder:** Drain Services Inc

Hello Kevin,

I am the adjuster assigned to handle the damage to your 2016 Ford Transit Van.  
At your convenience, please give me a call so we can discuss your claim. I can  
be reached at the telephone number listed below.

Sincerely,

Jeff Busselman  
Claim Senior Adjuster  
AFICS on behalf of American Family Mutual Insurance Company, S.I.  
Jeff.Busselman@afics.com  
Phone: 1-608-722-2220 | Fax: 1-866-935-2858  
Mail: 6000 American Parkway, Madison, WI 53783-0001

**Confidentiality Notice:** This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error, please notify the sender and discard this email from your system. If you are not the intended recipient, you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited.

■

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> INSURE FORWARD 5650 37th Ave S  Fargo ND 58104		<b>CONTACT</b> NAME: Julie DuBois PHONE (A/C, No, Ext): (701) 293-9540 FAX (A/C, No): (701) 293-3338 E-MAIL: julie.dubois@insureforward.com ADDRESS:	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Fidelity and Guaranty Insurance Company	
		<b>INSURER B:</b> United Financial Casualty Co	
		<b>INSURER C:</b> Travelers Property Casualty Company of America	
		<b>INSURER D:</b> Farmington Casualty	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

COVERAGES

CERTIFICATE NUMBER: CL238115903

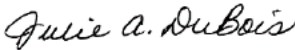
REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			BIP9W3310312342	07/21/2023	07/21/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
							MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> OTHER: ND Stop Gap						PRODUCTS - COMP/OP AGG \$ 2,000,000
							ND Stop Gap \$ 1m/1m/1m
B	AUTOMOBILE LIABILITY			971820407	07/26/2023	07/26/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			CUP9W3368622342	07/21/2023	07/21/2024	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			UB0X5998492342 (State of MN)	07/21/2023	07/21/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> N	N / A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\*\* Umbrella does not extend to commercial auto liability \*\*

<b>CERTIFICATE HOLDER</b>  City of Bismarck PO Box 5503  Bismarck ND 58506-5503		<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b>  	
--	--	--	--

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> INSURE FORWARD 5650 37th Ave S  Fargo ND 58104		<b>CONTACT</b> NAME: Julie DuBois PHONE (A/C, No, Ext): (701) 293-9540 E-MAIL: julie.dubois@insureforward.com FAX (A/C, No): (701) 293-3338													
<b>INSURED</b>  Drain Services Inc PO Box 691  West Fargo ND 58078		<b>INSURER(S) AFFORDING COVERAGE</b> <table><tr><td><b>INSURER A:</b> Fidelity and Guaranty Insurance Company</td><td><b>NAIC #</b> 35386</td></tr><tr><td><b>INSURER B:</b> United Financial Casualty Co</td><td>11770</td></tr><tr><td><b>INSURER C:</b> Travelers Property Casualty Company of America</td><td>25674</td></tr><tr><td><b>INSURER D:</b> Farmington Casualty</td><td>41483</td></tr><tr><td><b>INSURER E:</b></td><td></td></tr><tr><td><b>INSURER F:</b></td><td></td></tr></table>		<b>INSURER A:</b> Fidelity and Guaranty Insurance Company	<b>NAIC #</b> 35386	<b>INSURER B:</b> United Financial Casualty Co	11770	<b>INSURER C:</b> Travelers Property Casualty Company of America	25674	<b>INSURER D:</b> Farmington Casualty	41483	<b>INSURER E:</b>		<b>INSURER F:</b>	
<b>INSURER A:</b> Fidelity and Guaranty Insurance Company	<b>NAIC #</b> 35386														
<b>INSURER B:</b> United Financial Casualty Co	11770														
<b>INSURER C:</b> Travelers Property Casualty Company of America	25674														
<b>INSURER D:</b> Farmington Casualty	41483														
<b>INSURER E:</b>															
<b>INSURER F:</b>															

COVERAGES

CERTIFICATE NUMBER: CL238115903

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			BIP9W3310312342	07/21/2023	07/21/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
							MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: ND Stop Gap						PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 ND Stop Gap \$ 1m/1m/1m
B	AUTOMOBILE LIABILITY			971820407	07/26/2023	07/26/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			CUP9W3368622342	07/21/2023	07/21/2024	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			UB0X5998492342 (State of MN)	07/21/2023	07/21/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N	N / A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\*\* Umbrella does not extend to commercial auto liability \*\*

<b>CERTIFICATE HOLDER</b>  City of Dickinson 38 1st Street West  Dickinson ND 58601-5222	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  <i>Julie A. DuBois</i>
---	--



THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> INSURE FORWARD 5650 37th Ave S  Fargo ND 58104		<b>CONTACT</b> NAME: Julie DuBois PHONE (A/C, No, Ext): (701) 293-9540 FAX (A/C, No): (701) 293-3338 E-MAIL: julie.dubois@insureforward.com ADDRESS:	
<b>INSURED</b>  Drain Services Inc PO Box 691  West Fargo ND 58078		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Fidelity and Guaranty Insurance Company <b>INSURER B:</b> United Financial Casualty Co <b>INSURER C:</b> Travelers Property Casualty Company of America <b>INSURER D:</b> Farmington Casualty <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 35386 11770 25674 41483	

COVERAGES

CERTIFICATE NUMBER: CL238115903

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			BIP9W3310312342	07/21/2023	07/21/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
							MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: ND Stop Gap						PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 ND Stop Gap \$ 1m/1m/1m
B	AUTOMOBILE LIABILITY			971820407	07/26/2023	07/26/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			CUP9W3368622342	07/21/2023	07/21/2024	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			UB0X5998492342 (State of MN)	07/21/2023	07/21/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N	N / A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\*\* Umbrella does not extend to commercial auto liability \*\*

<b>CERTIFICATE HOLDER</b>  City of Fargo 225 4th Street N  Fargo ND 58108	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  <i>Julie A. DuBois</i>
--	--

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: Julie DuBois	
INSURE FORWARD		PHONE (A/C, No, Ext): (701) 293-9540	FAX (A/C, No): (701) 293-3338
5650 37th Ave S		E-MAIL ADDRESS: julie.dubois@insureforward.com	
Fargo ND 58104		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Fidelity and Guaranty Insurance Company	NAIC #: 35386
		INSURER B: United Financial Casualty Co	11770
		INSURER C: Travelers Property Casualty Company of America	25674
		INSURER D: Farmington Casualty	41483
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL238115903

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			BIP9W3310312342	07/21/2023	07/21/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
							MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> OTHER: ND Stop Gap						PRODUCTS - COMP/OP AGG \$ 2,000,000
							ND Stop Gap \$ 1m/1m/1m
B	AUTOMOBILE LIABILITY			971820407	07/26/2023	07/26/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			CUP9W3368622342	07/21/2023	07/21/2024	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			UB0X5998492342 (State of MN)	07/21/2023	07/21/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N	N / A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\*\* Umbrella does not extend to commercial auto liability \*\*

CERTIFICATE HOLDER	CANCELLATION
<div>City of Fergus Falls</div> <div>112 W Washington Avenue</div> <div>Fergus Falls MN 56537</div>	<div>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</div> <div>AUTHORIZED REPRESENTATIVE</div> <div>Julie A. DuBois</div>





THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> INSURE FORWARD 5650 37th Ave S  Fargo ND 58104		<b>CONTACT</b> NAME: Julie DuBois PHONE (A/C, No, Ext): (701) 293-9540 FAX (A/C, No): (701) 293-3338 E-MAIL: julie.dubois@insureforward.com ADDRESS:	
<b>INSURED</b>  Drain Services Inc PO Box 691  West Fargo ND 58078		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Fidelity and Guaranty Insurance Company <b>INSURER B:</b> United Financial Casualty Co <b>INSURER C:</b> Travelers Property Casualty Company of America <b>INSURER D:</b> Farmington Casualty <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 35386 11770 25674 41483	

COVERAGES

CERTIFICATE NUMBER: CL238115903

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			BIP9W3310312342	07/21/2023	07/21/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
							MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: ND Stop Gap						PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 ND Stop Gap \$ 1m/1m/1m
B	AUTOMOBILE LIABILITY			971820407	07/26/2023	07/26/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			CUP9W3368622342	07/21/2023	07/21/2024	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			UB0X5998492342 (State of MN)	07/21/2023	07/21/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N	N / A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\*\* Umbrella does not extend to commercial auto liability \*\*

<b>CERTIFICATE HOLDER</b>  City of Jamestown 102 3rd Ave SE  Jamestown ND 58401	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  <i>Julie A. DuBois</i>
--	--







THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> INSURE FORWARD 5650 37th Ave S  Fargo ND 58104		<b>CONTACT</b> NAME: Julie DuBois PHONE (A/C, No, Ext): (701) 293-9540 FAX (A/C, No): (701) 293-3338 E-MAIL: julie.dubois@insureforward.com ADDRESS:	
<b>INSURED</b>  Drain Services Inc PO Box 691  West Fargo ND 58078		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Fidelity and Guaranty Insurance Company <b>INSURER B:</b> United Financial Casualty Co <b>INSURER C:</b> Travelers Property Casualty Company of America <b>INSURER D:</b> Farmington Casualty <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 35386 11770 25674 41483	

COVERAGES

CERTIFICATE NUMBER: CL238115903

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			BIP9W3310312342	07/21/2023	07/21/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
							MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: ND Stop Gap						PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 ND Stop Gap \$ 1m/1m/1m
B	AUTOMOBILE LIABILITY			971820407	07/26/2023	07/26/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			CUP9W3368622342	07/21/2023	07/21/2024	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			UB0X5998492342 (State of MN)	07/21/2023	07/21/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N	N / A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\*\* Umbrella does not extend to commercial auto liability \*\*

<b>CERTIFICATE HOLDER</b>  City of West Fargo 800 4th Ave E, Ste 1  West Fargo ND 58078	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  <i>Julie A. DuBois</i>
--	--

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: Julie DuBois	
INSURE FORWARD		PHONE (A/C, No, Ext): (701) 293-9540	FAX (A/C, No): (701) 293-3338
5650 37th Ave S		E-MAIL ADDRESS: julie.dubois@insureforward.com	
Fargo ND 58104		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Fidelity and Guaranty Insurance Company	NAIC #: 35386
		INSURER B: United Financial Casualty Co	11770
		INSURER C: Travelers Property Casualty Company of America	25674
		INSURER D: Farmington Casualty	41483
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL238115903

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			BIP9W3310312342	07/21/2023	07/21/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
							MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> OTHER: ND Stop Gap						PRODUCTS - COMP/OP AGG \$ 2,000,000
							ND Stop Gap \$ 1m/1m/1m
B	AUTOMOBILE LIABILITY			971820407	07/26/2023	07/26/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB			CUP9W3368622342	07/21/2023	07/21/2024	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			UB0X5998492342 (State of MN)	07/21/2023	07/21/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> N	N / A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\*\* Umbrella does not extend to commercial auto liability \*\*

CERTIFICATE HOLDER	CANCELLATION
<div>City of Williston</div> <div>PO Box 1306</div> <div>Williston ND 58802-1306</div>	<div>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</div> <div>AUTHORIZED REPRESENTATIVE</div> <div>Julie A. DuBois</div>



THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER INSURE FORWARD 5650 37th Ave S  Fargo ND 58104		CONTACT NAME: Julie DuBois PHONE (A/C, No, Ext): (701) 293-9540 E-MAIL: julie.dubois@insureforward.com ADDRESS:		FAX (A/C, No): (701) 293-3338	
INSURED Drain Services Inc PO Box 691  West Fargo ND 58078		INSURER(S) AFFORDING COVERAGE INSURER A: Fidelity and Guaranty Insurance Company INSURER B: United Financial Casualty Co INSURER C: Travelers Property Casualty Company of America INSURER D: Farmington Casualty INSURER E: INSURER F:			NAIC # 35386 11770 25674 41483

COVERAGES

CERTIFICATE NUMBER: CL238115903

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			BIP9W3310312342	07/21/2023	07/21/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
							MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: ND Stop Gap						PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 ND Stop Gap \$ 1m/1m/1m
B	AUTOMOBILE LIABILITY			971820407	07/26/2023	07/26/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			CUP9W3368622342	07/21/2023	07/21/2024	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			UB0X5998492342 (State of MN)	07/21/2023	07/21/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N	N / A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\*\* Umbrella does not extend to commercial auto liability \*\*

CERTIFICATE HOLDER MN Dept of Labor & Industry Const. Codes & Licensing Div. 443 Lafayette Road N  St. Paul MN 55155		CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Julie A. DuBois</i>	
--	--	---	--

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> INSURE FORWARD 5650 37th Ave S  Fargo ND 58104		<b>CONTACT</b> NAME: Julie DuBois PHONE (A/C, No, Ext): (701) 293-9540 FAX (A/C, No): (701) 293-3338 E-MAIL: julie.dubois@insureforward.com ADDRESS:	
<b>INSURED</b>  Drain Services Inc PO Box 691  West Fargo ND 58078		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Fidelity and Guaranty Insurance Company <b>INSURER B:</b> United Financial Casualty Co <b>INSURER C:</b> Travelers Property Casualty Company of America <b>INSURER D:</b> Farmington Casualty <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 35386 11770 25674 41483	

COVERAGES

CERTIFICATE NUMBER: CL238115903

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			BIP9W3310312342	07/21/2023	07/21/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
							MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: ND Stop Gap						PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 ND Stop Gap \$ 1m/1m/1m
B	AUTOMOBILE LIABILITY			971820407	07/26/2023	07/26/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			CUP9W3368622342	07/21/2023	07/21/2024	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			UB0X5998492342 (State of MN)	07/21/2023	07/21/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\*\* Umbrella does not extend to commercial auto liability \*\*

<b>CERTIFICATE HOLDER</b>  ND Secretary of State's Office 600 East Blvd Ave, Dept 108  Bismarck ND 58505-0500	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  <i>Julie A. DuBois</i>
--	--



THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: Julie DuBois	
INSURE FORWARD		PHONE (A/C, No, Ext): (701) 293-9540	FAX (A/C, No): (701) 293-3338
5650 37th Ave S		E-MAIL ADDRESS: julie.dubois@insureforward.com	
Fargo ND 58104		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Fidelity and Guaranty Insurance Company	NAIC #: 35386
		INSURER B: United Financial Casualty Co	11770
		INSURER C: Travelers Property Casualty Company of America	25674
		INSURER D: Farmington Casualty	41483
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL238115903

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			BIP9W3310312342	07/21/2023	07/21/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
							MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> OTHER: ND Stop Gap						PRODUCTS - COMP/OP AGG \$ 2,000,000
							ND Stop Gap \$ 1m/1m/1m
B	AUTOMOBILE LIABILITY			971820407	07/26/2023	07/26/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			CUP9W3368622342	07/21/2023	07/21/2024	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			UB0X5998492342 (State of MN)	07/21/2023	07/21/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\*\* Umbrella does not extend to commercial auto liability \*\*

CERTIFICATE HOLDER	CANCELLATION
<div>Secretary of State Capital Building</div> <div>500 East Capital Ave, Ste 204</div> <div>Pierre SD 57501-5070</div>	<div>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</div> <div>AUTHORIZED REPRESENTATIVE</div> <div>Julie A. DuBois</div>



# PROPOSAL

415 Main Ave E  
Unit #691  
West Fargo, ND 58078  
701.799.8787

9/6/2022

**TO** Russell Sunderland  
402 2<sup>nd</sup> Ave NE  
Jamestown, ND 58401

**JOB** Sanitary Sewer Reline

CATEGORY	DESCRIPTION	UNIT PRICE	LINE TOTAL
INSPECTION	Inspection revealed fractured VCP (clay tile) pipe from plastic connection at main to cleanout in basement. Inspection also revealed defective cast iron pipe inside the house. Recommend sanitary sewer reline from main stack at back of house to connection at main under street.	INCLUDED	INCLUDED
SANITARY SEWER (INSIDE)	Jackhammer floor where sewer enters the basement near previous toilet connection. Remove concrete and stockpiled material. Connect new pit to existing trench. Replace defective cast iron and re-plumb from new pit to laundry area. Replace floor drain and laundry connections to main. Continue new main to stack at back of house and connect to upstairs bathroom.  Jackhammer, material removal, pipe replacement, backfill, concrete replacement included.  40 FEET	\$200.00/LF	\$8,000.00
SANITARY SEWER (OUTSIDE)	Cure In Place Pipe (CIPP) from two-way cleanouts in boulevard to house. CIPP from two-way cleanouts in boulevard to connection at city main. CIPP is a trenchless sewer relining method that will reline the existing pipe rather than removing roads, sidewalks, landscaping, etc.  75 FEET	\$200.00/LF	\$15,000.00
50% AT PROPOSAL ACCEPTANCE 50% AT PROJECT COMPLETION		SUBTOTAL	
		SALES TAX	
		TOTAL	\$23,000.00

THANK YOU FOR YOUR BUSINESS!



CO 1

415 Main Ave E  
Unit #691  
West Fargo, ND 58078  
701.799.8787

12/1/2023

**TO** Joann & Tom DeMerit  
4422 Washington BLVD  
Madison Lake, MN 56063

**JOB** Sanitary Sewer Repairs

CATEGORY	DESCRIPTION	UNIT PRICE	LINE TOTAL
INSPECTION	<p>Inspection of remaining sanitary sewer lines has been completed.</p> <p>Inspection found mom's bathroom tub to be connected to laundry line. These shared lines are original cast iron and are showing signs of imminent failure.</p> <p>Recommend tunneling under shared bathroom wall from our existing trench to expose tub and laundry sewer connections. Once exposed, new underground connections will be made to the main in our existing trench.</p> <p>Recommend replacement of laundry tub box to install a proper standpipe in the wall and repair leaking water connections.</p>	INCLUDED	INCLUDED
BATHROOM AND LAUNDRY UNDERGROUND	<p>Tunnel under tub and laundry areas to expose underground connections.</p> <p>Jackhammer, excavation, pipe removal, pipe replacement, backfill, concrete replacement included.</p> <p>FLAT RATE -- \$4,500.00</p>	\$4,500.00	\$4,500.00
LAUNDRY BOX UPGRADE	<p>Wallboard removal to expose water lines.</p> <p>Wallboard removal, water line removal, washer box installation, new water line installation, washer box trim included. Wallboard replacement by others.</p> <p>FLAT RATE -- \$1,200.00</p>	\$1,200.00	\$1,200.00
50% AT PROPOSAL ACCEPTANCE 50% AT PROJECT COMPLETION		<b>SUBTOTAL</b>	\$5,700.00
		<b>SALES TAX</b>	
		<b>TOTAL</b>	\$5,700.00

THANK YOU FOR YOUR BUSINESS!



## PROPOSAL - PHASE 1

415 Main Ave E  
Unit #691  
West Fargo, ND 58078  
701.799.8787

11/9/2023

**TO** Joann & Tom DeMerit  
4422 Washington BLVD  
Madison Lake, MN 56063

**JOB** Sanitary Sewer Repairs

CATEGORY	DESCRIPTION	UNIT PRICE	LINE TOTAL
INSPECTION	<p>Inspection of sanitary sewer from pulled toilet in bathroom.</p> <p>Inspection revealed severely back-graded pipe, separated joints, tree root infiltration, and cast iron (CI) pipe scale build up. Inspection also revealed that repairs have been made in the past.</p> <p>Recommend:</p> <ul style="list-style-type: none"> <li>- Excavation next to grinder chamber to correct pipe grade</li> <li>- CIPP pipelining through garage where there are several separated PVC pipe joints</li> <li>- Excavation at slipped PVC/CI joint – continue through and tie onto bathroom group demolition</li> <li>- Rigid PVC pipe replacement throughout bathroom when it is demolished – will encompass laundry connection.</li> <li>- CIPP pipelining in reverse from bathroom demolition to CI/PVC transition under bed.</li> </ul> <p>Unknown:</p> <ul style="list-style-type: none"> <li>- Status of kitchen line replacement – recommend inspection during root removal process.</li> </ul>	INCLUDED	INCLUDED
CIPP GARAGE	<p>CIPP pipelining under garage floor to rehabilitate the separated PVC joints.</p> <p>36 FEET</p>	\$200.00/FT	\$7,200.00
EXCAVATION @ TRANSITION	<p>Excavate slipped PVC/CI transition in garage. Continue excavation into adjacent bathroom group.</p> <p>Garage floor cut, excavation, pipe repair/replacement, backfill, concrete floor replacement included.</p> <p>4 FEET DEEP</p>	\$1,000.00/VF	\$4,000.00
50% AT PROPOSAL ACCEPTANCE 50% AT PROJECT COMPLETION		SUBTOTAL	\$11,200.00
		SALES TAX	
		TOTAL	\$11,200.00

THANK YOU FOR YOUR BUSINESS!



# INVOICE

415 Main Ave E  
Unit #691  
West Fargo, ND 58078  
701.799.8787

10/6/2023

**TO** City of Moorhead  
C/O Engineering

**JOB** Sanitary Sewer Repairs  
Site 1 – ROW  
Site 2 – Private Lateral

CATEGORY	DESCRIPTION	UNIT PRICE	LINE TOTAL
INSPECTION	<p>Inspection of sanitary sewer from cleanout in bedroom.</p> <p>Inspection has revealed that the connection to the sewer main in the ditch has been crushed. Backfill material and PVC shrapnel is causing minor "papering" blockages in the sewer lateral serving the home.</p> <p>Inspection has also revealed that the lateral is back-graded for approximately 25 FEET. The lateral was tested to have a negative grade of over ¼ -inch. The negative grade is causing the sewer to back up into the home. After disconnecting the defective sewer, it was revealed that the trench was also over-dug when the sewer was laid. This caused the need for the saturated sand to be removed and then replaced with sufficient dry material and pipe support.</p> <p>Recommend excavation of sanitary sewer main in ditch to expose connection to main --- install new connection.</p> <p>Recommend continued excavation towards and including existing cleanout in yard to eliminate back-graded pipe.</p>	INCLUDED	INCLUDED
EXCAVATION SITE 1 -- WYE	<p>Excavation of sanitary sewer main in ditch to expose main and mainline connection.</p> <p>Excavation, connection replacement, backfill, compaction, site restoration included.</p> <p>14 FEET DEEP</p>	\$1,000.00/VF	\$14,000.00
PERMITS	<p>The ROW where the sewer main traverses has multiple agencies that oversee it. While our initial proposal covered work within the City of Moorhead, it did not cover work in Clay County. Clay county has a utility easement that requires additional permitting that comes with erosion control, native vegetation restoration, and storm water management.</p> <p>Utility permit, BMP (straw wattles), native species restoration, storm water management included.</p> <p>MINIMUM CHARGE -- \$2,500.00</p>	\$2,500.00/EA	\$2,500.00

TRAFFIC CONTROL	Excessive traffic control is due to erratic motorists not obeying posted traffic ordinances.  Traffic control engineering, devices, and monitoring included.  3 DAYS	\$2,200.00/DAY	\$6,600.00
DEWATERING	The sewer main lays below the water table in this area. This was not known until excavation was performed. The trench had to be consecutively dewatered for 2 days. This also removed a large amount of backfill material as the soil mixed with water and turned into a slurry that required hydro excavation (vacuum) to remove.  Pumps, hydro excavation rig, hauling charges included.  16 HOURS	\$400.00/HR	\$6,400.00
MATERIAL	Backfill material to replace what was vacuumed out during dewatering process.  Material and hauling charges included.  5 TONS	\$1,200.00/TN	\$6,000.00
EXCAVATION SITE 2 -- LATERAL	Excavation of sanitary sewer lateral from ditch to cleanout in yard to expose back-graded sewer lateral.  Excavation, pipe removal, pipe replacement, backfill, compaction, site restoration included.  25 FEET	\$300.00/FT	\$7,500.00
TRAFFIC CONTROL	Excessive traffic control is due to erratic motorists not obeying posted traffic ordinances.  Traffic control engineering, devices, and monitoring included.  3 DAYS	\$2,200.00/DAY	\$6,600.00
DEWATERING	Dewatering of sewer trench to remove saturated soil prior to backfill and pipe replacement.  Hydro excavation rig, hauling charges included.  16 HOURS	\$400.00/HR	\$6,400.00
MATERIAL	Backfill material to replace what was vacuumed out during dewatering process.  Material and hauling charges included.  5 TONS	\$1,200.00/TN	\$6,000.00
		<b>SUBTOTAL</b>	\$62,000.00
		<b>BALANCE TO SPECIALS</b>	\$62,000.00

THANK YOU FOR YOUR BUSINESS!



## PROPOSAL

415 Main Ave E  
Unit #691  
West Fargo, ND 58078  
701.799.8787

12/1/2023

**TO** Tim Pearson  
57505 430<sup>th</sup> St  
New York Mills, MN 56567

**JOB** Sanitary Sewer Repairs

CATEGORY	DESCRIPTION	UNIT PRICE	LINE TOTAL
INSPECTION	<p>Inspection of sanitary sewer from access point made in basement. Inspection could not clearly identify a defect in the sanitary sewer line. Recommend water testing the underground system to pinpoint where leak is coming from.</p> <p>Performed water test and verified leak is at the WYE fitting that connects the powder room bathroom to the sewer main.</p> <p>Recommend Cure In Place Pipe (CIPP) coating to seal the upstream, downstream, and bathroom lateral line to the defective WYE.</p> <p>CIPP pipe coating is a method of spin-casting a high-build epoxy resin inside of the defective pipe. The process consists of multiple layers of coating to increase the bond performance of the epoxy.</p> <p>This project will require 3 applications of resin over the course of 2 days. The final layer of coating is warranted for 15 years.</p>	INCLUDED	INCLUDED
CIPP PIPE COATING	<p>CIPP pipe coating to repair defective bathroom group WYE. 3 coats of 100% epoxy resin.</p> <p>Pipe testing, pipe cleaning, CIPP coating installation, pipe re-testing included.</p> <p>MINIMUM CHARGE -- \$10,000.00</p>	\$10,000.00	\$10,000.00
<b>50% AT PROPOSAL ACCEPTANCE</b> <b>50% AT PROJECT COMPLETION</b>		<b>SUBTOTAL</b>	\$10,000.00
		<b>SALES TAX</b>	
		<b>TOTAL</b>	\$10,000.00

**THANK YOU FOR YOUR BUSINESS!**





# INVOICE 1000

415 Main Ave E  
Unit #691  
West Fargo, ND 58078  
701.799.8787

7/12/2023

**TO** Bobcat Engineering  
C/O Lance

**JOB** Sanitary Sewer Repair  
PO 4152868

CATEGORY	DESCRIPTION	UNIT PRICE	LINE TOTAL
INSPECTION	<p>Inspect sewer from cleanout in shop area. Camera made it to 127 FEET where it encountered a blockage. Blockage is being caused by cast iron fragments building up. Camera found a slipped rubber fernco fitting just past the outside cleanout. Camera encountered severely corroded cast iron from edge of building to within 5 FEET of inside cleanout. Recommend hydraulic flushing of debris found in line. Recommend Cure In Place Pipe (CIPP) point repair at slipped rubber fernco. Recommend CIPP liner to rehabilitate defective cast iron. CIPP is an epoxy pipe lining method that provides an alternative to jackhammering/excavating the defective cast iron pipe.</p> <p>UPDATE: After hydraulic flushing of debris in line additional defects appeared:</p> <ol style="list-style-type: none"> <li>1. Connection to main appears to be slipping/caving in on top at 137 FEET</li> <li>2. Pipe &amp; joint are out of round at 131 FEET</li> <li>3. Hole in pipe at 118 FEET</li> <li>4. Joint separation at 110 FEET</li> </ol> <p>Our recommendation is to excavate at the main and replace the defective connection. From that pit, we will shoot liner upstream, ending at the cleanout inside. This approach will eliminate the need for any excavation inside OR CIPP point repair.</p>	INCLUDED	INCLUDED
CIPP	<p>CIPP liner from connection at main to cleanout inside.</p> <p>Pipe has been descaled, flushed, and is ready for liner installation. Includes excavation at main, CIPP liner, new connection to main, backfill, and site restoration.</p> <p>130 FEET</p>	\$300.00/FT	\$39,000.00
REINSTATEMENT	<p>Robotic reinstatement of any branch connections that are lined thru. After cleaning and descaling it was determined that just one reinstatement will need to be performed.</p> <p>PER EACH -- \$1,500.00</p>	\$1,500.00/EA	\$1,500.00
EQUIPMENT ALLOWANCE	Equipment allowance for use of owner-supplied mini excavator.	(\$1,000.00)	(\$1,000.00)
<b>50% AT PROPOSAL ACCEPTANCE</b> <b>50% AT PROJECT COMPLETION</b>		<b>SUBTOTAL</b>	\$39,500.00
		<b>DEPOSIT</b>	\$19,750.00
		<b>REMAINING</b>	\$19,750.00

**THANK YOU FOR YOUR BUSINESS!**





# INVOICE 1

415 Main Ave E  
Unit #691  
West Fargo, ND 58078  
701.799.8787

9/18/2023

**TO** Brookwood Estates  
C/O Neil

**JOB** Brookwood Estates  
Sanitary Sewer Rehabilitation  
Phase 1 – ADD MH 5-28

CATEGORY	DESCRIPTION	UNIT PRICE	LINE TOTAL
INSPECTION	Cleaning and inspection will occur as the project progresses. Proposal to include: 1. CIPP mains to include cleaning and CTTV before and after 2. CIPP T-Liner for laterals to include lateral/connection cleaning before and after 3. Vac-A-Tee for any laterals that do not have accessible cleanouts	INCLUDED	INCLUDED
CIPP SEGMENTS	Cure In Place Pipe (CIPP) for the following manhole segments:  1. MH 5-4 90 FEET 2. MH 22-5 215 FEET 3. MH 18-22 240 FEET 4. MH 14-18 170 FEET 5. MH 28-14 110 FEET 6. MH 50-28 222 FEET 7. MH 4 TO CITY 130 FEET  1,177 FEET	\$150.00/FT	\$176,550.00
CIPP T-LINER	CIPP T-LINER at each lateral connection to the mains that have been lined:  1. MH 5-4 4 TEES 2. MH 22-5 7 TEES 3. MH 18-22 4 TEES 4. MH 14-18 4 TEES 5. MH 28-14 4 TEES  23 TEES	\$6,000.00/EA	\$138,000.00
VAC-A-TEE	Vac-a-tee at laterals where there is not an accessible cleanout. Cleanout access is necessary for T-Liner installation. Backfill of all materials removed included.  23 LATERALS	\$4,200.00/EA	\$96,600.00
50% AT PROPOSAL ACCEPTANCE 25% AT CIPP LINER INSTALLATION 25% AT CIPP T-LINER INSTALLATION		<b>SUBTOTAL</b>	\$411,150.00
		<b>DEPOSIT</b>	\$205,575.00
		<b>TOTAL</b>	\$205,575.00

THANK YOU FOR YOUR BUSINESS!



## CHANGE ORDER 2

415 Main Ave E  
Unit #691  
West Fargo, ND 58078  
701.799.8787

9/21/2022

**TO** City of Larimore Parks  
C/O Mikki

**JOB** Kiddie pool pipe repairs

CATEGORY	DESCRIPTION	UNIT PRICE	LINE TOTAL
INSPECTION	Cleaning and pipe preparation began with pipe riser removal in pump room so our equipment can navigate easier with fewer bends. The 3" lines were vacuumed out as they were holding water during our preliminary inspections. During the post-vacuum inspection, the line connected to the main drain uncovered some suspicious pipe repairs that have been completed in the past. This line also showed a segment of pipe near the pump room that is split in half with gravel entering the pipe.	INCLUDED	INCLUDED
EXCAVATION 1	Saw cut pool deck outside of kiddie pool, where previous concrete patch is, to repair suspicious pipe repairs. Repair defective fittings and/or pipe. To include approximately 10 FEET of pipe.  Concrete removal, excavation, pipe/fitting replacement, backfill, compaction, concrete replacement included.	\$4,500.00	\$4,500.00
EXCAVATION 2	Saw cut pool deck outside pump room where split pipe was encountered. Remove defective segment of pipe and replace. To include approximately 10 FEET of pipe.  Concrete removal, excavation, pipe replacement, backfill, compaction, concrete replacement included.	\$4,500.00	\$4,500.00
RELINE	Per-foot cost of pressure-pipe reline. 3" diameter main drain line.  Cure In Place Pipe (CIPP) epoxy reline of defective pipe. The epoxy used will be a 3-stage high-build epoxy formulated for pressure-pipe relining. The existing PVC will be cleaned and scoured (roughed up) to accept coating. The coating will then be applied in three layers to build up the required thickness. Once the final layer is cured, the system will be air tested once again to verify that the leak(s) have been sealed.  3" kiddie pool drain  80 FEET	\$250.00/FT	\$20,000.00
50% AT PROPOSAL ACCEPTANCE 50% AT PROJECT COMPLETION		SUBTOTAL	
		SALES TAX	
		TOTAL	\$29,000.00

THANK YOU FOR YOUR BUSINESS!

DrainServices0040



## CHANGE ORDER 1

415 Main Ave E  
Unit #691  
West Fargo, ND 58078  
701.799.8787

9/21/2022

**TO** City of Larimore Parks  
C/O Mikki

**JOB** Kiddie pool pipe repairs

CATEGORY	DESCRIPTION	UNIT PRICE	LINE TOTAL
INSPECTION	After sawing pool deck, the 3" TEE that reduces lines down to 2" has been removed. We encountered a large hole on the underside of the 2" pipe. The 2" pipe was inspected and shows signs of early stress fracturing from freezing. Recommend CIPP epoxy reline of remaining 2" pipe around kiddie pool deck to ensure a leak-proof system.	INCLUDED	INCLUDED
RELINE	Per-foot cost of pressure-pipe reline. 2" diameter suction lines around kiddie pool.  Cure In Place Pipe (CIPP) epoxy reline of defective pipe. The epoxy used will be a 3-stage high-build epoxy formulated for pressure-pipe relining. The existing PVC will be cleaned and scoured (roughed up) to accept coating. The coating will then be applied in three layers to build up the required thickness. Once the final layer is cured, the system will be air tested once again to verify that the leak(s) have been sealed.  2" kiddie pool return  40 FEET	\$250.00/FT	\$10,000.00
50% AT PROPOSAL ACCEPTANCE 50% AT PROJECT COMPLETION		SUBTOTAL	
		SALES TAX	
		TOTAL	\$10,000.00

THANK YOU FOR YOUR BUSINESS!



# PROPOSAL

415 Main Ave E  
Unit #691  
West Fargo, ND 58078  
701.799.8787

9/21/2022

**TO** City of Larimore Parks  
C/O Mikki

**JOB** Kiddie pool pipe repairs  
\*\* UPDATED 9/21/22 \*\*

CATEGORY	DESCRIPTION	UNIT PRICE	LINE TOTAL
INSPECTION	Inspected drain and return lines from pump room.  Found lines to have hairline cracks/fractures that are having an unknown water loss. Will need to air test each line to determine where the actual loss is coming from.	INCLUDED	INCLUDED
EXCAVATION	Saw cut pool deck inside kiddie pool fence where pipe size reduction occurs. Apply air test in the following sequence: 1. Main drain to pump room 2. 3" reduction to pump room 3. 3" reduction through 2" lines  Concrete removal, excavation, air test, fitting replacement, backfill, compaction, concrete replacement included.	\$4,500.00	\$4,500.00
EXCAVATION 2	Potential excavation in pump room where fittings were removed to inspect system. Fittings were originally buried in concrete and were not accessible during inspection, so they were cut out. Will determine the need for this once on site.  Concrete removal, excavation, fitting replacement, backfill, compaction, concrete replacement included.	\$4,500.00	\$4,500.00
RELINE	Per-foot cost of pressure-pipe reline.  Cure In Place Pipe (CIPP) epoxy reline of defective pipe. The epoxy used will be a 3-stage high-build epoxy formulated for pressure-pipe relining. The existing PVC will be cleaned and scoured (roughed up) to accept coating. The coating will then be applied in three layers to build up the required thickness. Once the final layer is cured, the system will be air tested once again to verify that the leak(s) have been sealed.  Kiddie pool supply  80 FEET	\$250.00/FT	\$20,000.00
50% AT PROPOSAL ACCEPTANCE 50% AT PROJECT COMPLETION		SUBTOTAL	
		SALES TAX	
		TOTAL	\$29,000.00

THANK YOU FOR YOUR BUSINESS!



# PROPOSAL

415 Main Ave E  
Unit #691  
West Fargo, ND 58078  
701.799.8787

8/21/2023

**TO** City of Larimore Parks  
C/O JJ

**JOB** Main Pool Pipe Repairs (2)

CATEGORY	DESCRIPTION	UNIT PRICE	LINE TOTAL
INSPECTION	<p>After the main pool was filled to test the repairs that were made, water once again appeared in our trench outside of the mechanical room. This told us that there was still a leak somewhere below the deck between the main pool drain and mechanical room. We were unable to apply an air test because of the configuration so we tested the integrity of the lines by flooding our trench. Now that the pool and lines were empty, this would allow us to observe water as it infiltrates into the pipes.</p> <p>Our conclusion is that the gate valves that control the overflow AND main drain flow to the mechanical room are leaking at their respective fittings.</p>	INCLUDED	INCLUDED
EXCAVATION	<p>Extend previous excavation outside of mechanical room to slab that encompasses the gate valves. Further saw cut concrete deck. Excavate approximately 8 FEET deep to expose gate valves for repair.</p> <p>Site will require hydro excavation due to the saturated nature of the soil.</p> <p>8 FEET</p>	\$1,200.00/VF	\$9,600.00
GATE VALVES	<p>Removal and replacement of the gate valves that are leaking. To include new valves, sleeves, and accessories.</p> <ol style="list-style-type: none"> <li>1. Overflow gate valve</li> <li>2. Main drain gate valve</li> </ol> <p>2 GATE VALVES</p>	\$2,200.00/EA	\$4,400.00
BACKFILL ALLOWANCE	<p>Backfill allowance to replace the saturated soil. Existing substrate is also riddled with concrete slag chunks from previous construction. The fill extracted is not able to be reused.</p> <p>12 TONS</p>	\$110.00/TN	\$1,320.00
<b>50% AT PROPOSAL ACCEPTANCE</b> <b>50% AT PROJECT COMPLETION</b>		<b>SUBTOTAL</b>	
		<b>SALES TAX</b>	
		<b>TOTAL</b>	\$15,320.00

**THANK YOU FOR YOUR BUSINESS!**



# PROPOSAL

415 Main Ave E  
Unit #691  
West Fargo, ND 58078  
701.799.8787

6/21/2023

**TO** City of Larimore Parks  
C/O Mikki

**JOB** Main Pool Pipe Repairs

CATEGORY	DESCRIPTION	UNIT PRICE	LINE TOTAL
INSPECTION	<p>After the main pool was filled, the trench we were working in to make kiddie pool repairs filled with water. After pumping the trench down, we found that one of the 6" skimmer/suction lines was severely fractured which is what caused the trench to fill with water. We can only see the fittings that were near our trench as the 6" turns a few times to make it to the main drain connection and pump room:</p> <ol style="list-style-type: none"> <li>1. Straight pipe connection/transition to stainless gutter system</li> <li>2. 90 fitting sending flow down</li> <li>3. Tee fitting picking up flow from downstream gutter system</li> <li>4. 90 fitting after TEE sending both lines down to where an assumed TEE is located that ties into main pool drain.</li> </ol> <p>Recommend saw cutting deck to expose the fittings we can see. Additional (deeper) excavation will need to occur for us to fully see the last 90 and the pipe connected to it. From there we can test the pipe by plugging any remaining inlets in gutter system.</p>	INCLUDED	INCLUDED
EXCAVATION	<p>Saw cut pool deck adjacent to existing kiddie pool trench outside of mechanical room. Excavate down to useable PVC. CCTV inspection of remaining 6" PVC suction lines downstream of access pit. Apply air test in the following sequence:</p> <ol style="list-style-type: none"> <li>1. 6" from fractured fittings to TEE connection to main drain</li> <li>2. 6" from fractured fittings to downstream suction inlets</li> </ol> <p>Concrete removal, excavation, air test, backfill, compaction, concrete replacement included. 1 SITE – FLAT RATE</p>	\$4,500.00	\$4,500.00
PIPE REPAIRS	<p>Removal and replacement of the fractured fittings:</p> <ol style="list-style-type: none"> <li>1. 90 fitting sending flow down</li> <li>2. TEE fitting picking up flow from downstream gutter system</li> <li>3. 90 fitting after TEE</li> </ol> <p>3 FITTINGS</p>	\$800.00/EA	\$2,400.00
CIPP POINT REPAIR	<p>Cure In Place Pipe (CIPP) point repair of PVC to SS gutter system. The fractured 6" PVC that was glued into a factory fitting on the SS gutter system does not have any useable pipe to take off with new pipe. We will need to inside-cut the existing PVC and then fusion-weld a new butt joint onto the SS gutter system. 1 POINT REPAIR – FLAT RATE</p>	\$6,000.00	\$6,000.00
<b>50% AT PROPOSAL ACCEPTANCE</b> <b>50% AT PROJECT COMPLETION</b>		<b>SUBTOTAL</b>	
		<b>SALES TAX</b>	
		<b>TOTAL</b>	\$12,900.00

**THANK YOU FOR YOUR BUSINESS!**

DrainServices0044



## INVOICE 10000

415 Main Ave E  
Unit #691  
West Fargo, ND 58078  
701.799.8787

12/1/2023

**TO** Red River Bio Refinery  
C/O Ryan

**JOB** Boiler Room Drains  
Clean & Televise  
WO#: 23615  
PO#: 01811

CATEGORY	DESCRIPTION	UNIT PRICE	LINE TOTAL
INSPECTION	Inspection of sanitary sewer from stack in boiler room was unsuccessful due to debris build up. Recommend high pressure water jetting to remove build up. Reinspect after cleaning.	INCLUDED	INCLUDED
CLEAN & TELEVISION	High pressure water jetting to remove build up prior to inspection. MINIMUM CHARGE -- \$2,500.00	\$2,500.00	\$2,500.00
50% AT PROPOSAL ACCEPTANCE 50% AT PROJECT COMPLETION		<b>SUBTOTAL</b>	\$2,500.00
		<b>DEPOSIT</b>	\$1,250.00
		<b>TOTAL</b>	\$1,250.00

THANK YOU FOR YOUR BUSINESS!





# INVOICE

415 Main Ave E  
Unit #691  
West Fargo, ND 58078  
701.799.8787

9/20/2023

**TO** Shananigans  
547 Hill Avenue  
Grafton, ND 58237

**JOB** Sanitary Sewer Repair

CATEGORY	DESCRIPTION	UNIT PRICE	LINE TOTAL
INSPECTION	Inspect sewer from cleanout in basement. Sewer is collapsed at building foundation. Recommend new sanitary sewer lateral.	INCLUDED	INCLUDED
EXCAVATION	Excavation of alley where sanitary sewer main is located. A new WYE connection to the main will be installed to accept new sanitary sewer lateral.  Excavation, WYE tap, backfill, traffic/pedestrian control included.  9 FEET DEEP	\$1,000.00/VF	\$9,000.00
JACKHAMMER	Jackhammer access pit in basement to make room for pipe removal and replacement.  Jackhammer, concrete removal, pipe removal, pipe replacement, concrete replacement included.  1 SITE – FLAT RATE	\$4,500.00/EA	\$4,500.00
SANITARY SEWER	Bore new sewer lateral from new WYE connection at main to new stack connection in basement.  Bore pit, pipe installation, pipe connection to main, pipe connection to inside plumbing included.  60 FEET	\$300.00/FT	\$18,000.00
50% AT PROPOSAL ACCEPTANCE – PAID \$15,750 50% AT PROJECT COMPLETION – PAID \$5,000 OF \$15,750		<b>SUBTOTAL</b>	\$31,500.00
		<b>PAYMENTS</b>	\$20,750.00
		<b>REMAINING</b>	\$10,750.00

THANK YOU FOR YOUR BUSINESS!





# INVOICE

415 Main Ave E  
Unit #691  
West Fargo, ND 58078  
701.799.8787

6/23/2023

**TO** Trenton Public Schools  
C/O Matt Schriver

**JOB** Sanitary Sewer Reline  
Phase 2 – Elementary Classrooms

CATEGORY	DESCRIPTION	UNIT PRICE	LINE TOTAL
INSPECTION	Inspect lateral from classroom bathroom cleanouts. Inspect lateral from outside cleanout from previous project	INCLUDED	INCLUDED
SEGMENT EXCAVATION	Segment excavation outside of classrooms where sanitary sewer leaves the building. A previous repair along with three different existing pipe materials being present were found between the edge of the building and new cleanouts from our previous project. Recommend excavation of all pipes/all sizes outside of building between building and new cleanouts from our previous project.  Includes excavation, pipe connections, backfill, compaction, and turf replacement.  1 SEGMENT EXCAVATION	\$14,500.00/EA	\$14,500.00
SEWER RELINE	Sewer reline through bathroom groups and terminating at excavation trench outside of building. Connect onto new PVC from outside excavation.  Approximately 100 FEET	\$200.00/FT	\$20,000.00
STACK RELINE	During inspection, cleanouts inside the classroom bathrooms were opened. When the access covers were removed, a distinct sewer odor was observed within the wall cavity. Recommend reline of vent stacks from roof to cleanout access.  Approximately 40 FEET (20 FEET X 2 STACKS)	\$200.00/FT	\$8,000.00
50% @ PROJECT ACCEPTANCE 50% @ PROJECT COMPLETION		<b>SUBTOTAL</b>	\$42,500.00
		<b>DEPOSIT</b>	\$21,250.00
		<b>TOTAL</b>	\$21,250.00

**THANK YOU FOR YOUR BUSINESS!**



# PROPOSAL

415 Main Ave E  
Unit #691  
West Fargo, ND 58078  
701.799.8787

9/12/2023

**TO** Core Facility Solutions  
C/O Kory

**JOB** Wyndmere HS

CATEGORY	DESCRIPTION	UNIT PRICE	LINE TOTAL
INSPECTION	<p>Inspection of sanitary sewer from multiple cleanouts in kitchen, bathrooms, hallways, corridors, and classrooms.</p> <p>Found sanitary sewer to be cast iron (CI) and it is beyond its useful lifespan.</p> <p>A few segments of inspection were abandoned because the camera would not make it through some areas where pipe size has been reduced due to extreme scale build up.</p> <p>Recommend complete reline of underground sewer system – the pipes are in a state where tying new pipe onto old would not be feasible.</p> <p>A combination of technologies will be used to rehabilitate the sewer – Pipe bursting and Cure In Place Pipe (CIPP) will be utilized as much as possible to limit the amount of floor removal needed.</p> <p>There are also a few unknown conditions as there were inoperable cleanouts during our initial inspection.</p>	INCLUDED	INCLUDED
INVESTIGATION	<p>Further inspection will need to be conducted into the nature and direction of:</p> <ol style="list-style-type: none"> <li>150 shop drain and sink</li> <li>139 sinks</li> <li>136 office bathroom and sink</li> </ol>	INCLUDED	INCLUDED
ACCESS PITS	<p>Access pits will need to be opened for our pipe bursting operations. These pits will serve as launch and receiving pits for certain segments of repair.</p> <p>Jackhammer, excavation, backfill, concrete replacement included.</p> <p>4 PITS</p>	\$22,000.00/EA	\$88,000.00
PIPE BURSTING	<p>Pipe bursting of the following segments:</p> <ol style="list-style-type: none"> <li>Cleanout in hallway between kitchen and boys' lockers TO cleanout in boys' lockers</li> <li>Shared wall of boys' showers and stage wall TO girls' lockers floor cleanout (under stage)</li> <li>Girls lockers floor drain TO outside of building near room 185</li> </ol> <p>145 FEET</p>	\$500.00/FT	\$72,500.00

EXCAVATION	<p>Excavation of areas where trenchless technologies will not be feasible AND/OR fitting replacement is necessary.</p> <ol style="list-style-type: none"> <li>1. Entire kitchen lateral (50 FEET)</li> <li>2. Back-to-back bathroom group across from gym to include drinking fountain (32 FEET)</li> <li>3. Ice machine line in coach office (20 FEET)</li> <li>4. Boys' lockers bathroom group to include showers and floor drain (30 FEET)</li> <li>5. Girls lockers bathroom group to include showers and floor drain (40 FEET)</li> <li>6. Hallway cleanout in front of bathroom next to concession stand to include janitor's closet, bathroom group, and continuation outside (30 FEET)</li> <li>7. Outside where two building sewers converge – pipe has been replaced previously but is back-graded and holding water. (20 FEET)</li> <li>8. Mechanical room floor drains/cleanouts (N/C)</li> </ol> <p>222 FEET</p>	\$500.00/FT	\$111,000.00
CIPP	<p>CIPP where pipes are in sound condition and can be relined without excavation:</p> <ol style="list-style-type: none"> <li>1. 150 shop 4" to mechanical room</li> <li>2. Mechanical room floor drains</li> <li>3. Janitor closet/bathroom to hallway cleanout</li> <li>4. Hallway cleanout to hallway cleanout</li> <li>5. End of kitchen jackhammering to hallway cleanout</li> </ol> <p>132 FEET</p>	\$300.00/FT	\$39,600.00
<b>50% AT PROPOSAL ACCEPTANCE</b> <b>50% AT PROJECT COMPLETION</b>		<b>SUBTOTAL</b>	
		<b>SALES TAX</b>	
		<b>TOTAL</b>	\$311,100.00

THANK YOU FOR YOUR BUSINESS!